

Accident/Incident Report Sheet
School of Chemistry and Biochemistry
Georgia Institute of Technology

Date of Report:

Date of accident/incident:

Time of accident/incident:

Location of accident/incident:

Accident victim (if any):

Names of others involved/nearby if (any): Person 1:

Person: 2

Person 3:

Nature of accident/incident:

Extent of accident/incident:

Describe damage to equipment :

Suggestions to prevent a repeat accident:

Treatment undertaken (if any):

Signature of accident victim: _____

Signature of Research Director: _____

Send copies to:

1. Chair, Chemistry Safety and Security Committee
2. Chair, School of Chemistry and Biochemistry